Fill in this information to identi	fy your case:				
Debtor 1 IS 15	Nicole	Bland			
Debtor 2	Middle Name	Last Name	**************************************		
(Spouse, if filing) First Name	Middle Name	Last Name	a For a s		
United States Bankruptcy Court for the		District of			
Case number (If known)	51496		Check if this is:		
			An amended filin	(=)	
			A supplement sh chapter 13 incom	owing post-petition ne as of the following date	
Official Form B 6I			MM / DD / YYYY		
Schedule I: Yo	ur Income			12/	
Be as complete and accurate as p supplying correct information. If y f you are separated and your spo separate sheet to this form. On th	ou are married and not f	iling jointly, and your spou	se is living with you, include	e information about your s	
Part 1: Describe Employn	nent				
. Fill in your employment information.		Debtor 1	Debto	or 2 or non-filling spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed		mployed	
Include part-time, seasonal, or self-employed work.		Mot employed		ot omproyou	
Occupation may Include student or homemaker, if it applies.	Occupation				
	Employer's name				
	Employer's address				
		Number Street	Number	r Street	
		City State	ZIP Code City	State ZIP (
	How long employed the	ere?			
	-				
Give Details About	Monthly Income				
		A STATE OF THE STA			
stimate monthly income as of t	he date you file this for	 m. If you have nothing to re 	port for any line, write \$0 in	the space. Include your no	
oouse unless you are separated. you or your non-filing spouse hav	re more than one employ	er combine the information	for all employers for that or	erson on the lines	
elow. If you need more space, atta			an omproyers for that pe	2.55ti on tile lines	
			For Debtor 1 For	Debtor 2 or	
				filing spouse	
ist monthly gross wages, salar	y, and commissions (be	efore all payroll			
eductions). If not paid monthly, ca			s O s		
stimate and list monthly overti	me pay.	3	rs <u> </u>		
alculate gross income. Add line	2 + line 3.	4	5 () \$		

		For Debtor 1	For Debtor 2 or non-fiting spouse	open page north of the
Copy line 4 here	→ 4.	s ()	\$	
5. List all payroll deductions:		,	*	, h
5a. Tax, Medicare, and Social Security deductions	5o			
5b. Mandatory contributions for retirement plans	5a. 5b.	\$	\$	
5c. Voluntary contributions for retirement plans		• 0	\$	
5d. Required repayments of retirement fund loans	5c.	\$	\$	
5e. Insurance	5d.	\$	\$	
5f. Domestic support obligations	5e.	\$	\$	
5g. Union dues	5f.	\$	\$	
	5g.	\$ <u></u>	\$	/
5h. Other deductions. Specify:	5h.	+\$2	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_X	\$	
List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$_O	\$	
8b. Interest and dividends	8a. 8b.	. 0	ę	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive			4	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<u>\$O</u>	\$	
8d. Unemployment compensation	8d.	\$ 964	s	
8e. Social Security	8e.	\$ 0	9	
8f. Other government assistance that you regularly receive			Maria Santa	
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce	<u>\$_</u>	s	
Specify:	8f.	^		
8g. Pension or retirement income	8g.	\$ <u> </u>	\$	
8h. Other monthly income. Specify:	8h.	+\$	+\$	
Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$964	\$	
alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$964	+ s_O_=	= \$ 96Y
tate all other regular contributions to the expenses that you list in Sche			ommates, and	¥3.
o not include any amounts already included in lines 2-10 or amounts that are	not av	vailable to pay expe	nses listed in Schedule J.	
				+ s D
pecify:				¥
dd the amount in the last column of line 10 to the amount in line 11. The	result	is the combined m	onthly income.	196U
rite that amount on the Summary of Schedules and Statistical Summary of C	ertain	LIADIIITIES AND REIA	ted Data, if it applies 12.	See No. of
				monthly inco
o you expect an increase or decrease within the year after you file this	form?			
No.				
Yes. Explain:		100 Sec. 10		
A SECTION OF THE PROPERTY OF T				

12.